

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Non-Emergency & Class
C Stretcher Van from Lydell V Gray dba
Act Medical Transport Services LLC

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Lydell V Gray

Telephone:

(864)351-9274Address: P.O. Box 1448 Travelers Rest SC 29690

Fax:

(864)689-1202

Other:

Email: SAMARITAN12@aol.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Request for Name Change on Certificate☐ Application - Class C Taxi☐ Request to Amend Scope of Authority☐ Application - Class C Charter☐ Request to Amend Tariff (rate increase, etc.)☐ Application - Class C Charter Bus☐ Request to Amend Passenger Limit☒ Application - Class C Non-Emergency☐ Request☒ Application - Class C Stretcher Van☐ Exhibit☐ Application - Class E Household Goods☐ Late-Filed Exhibit☐ Application - Class F Hazardous Waste☐ Letter☐ Application☐ Proposed Order☐ Request for Extension to Comply with Order☐ Publisher's Affidavit☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Reservation Letter☐ Request for Cancellation of Certificate☐ Response☐ Request for Suspension☐ Return to Petition☐ Request for Reinstatement☐ Other: _____

RECEIVED
SEP 21 2020
PSC SC
CLERK'S OFFICE

js

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
 OPERATION OF MOTOR VEHICLE CARRIER**

CLASS C - STRETCHER VAN

Date: 09/04/2020

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Act Medical Transport Services LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name)

316 Poplar St Travelers Rest SC 29690

Street Address of Applicant

P.O Box 1448 Travelers Rest SC 29690

Mailing Address of Applicant (if different from street address)

(864) 613-5900

Phone

(864) 689-1202

Fax

Actmedicaltransport@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Lydell V Gray - P.O Box 1448 Travelers Rest SC 29690

Candylee Rangel - 6945 Midway Rd Williamston SC 29697

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text"/>	Mortgage/Loan on Real Estate	<input type="text"/>
Value of Motor Vehicles	<input type="text" value="30,000"/>	Loans Owed on Motor Vehicles	<input type="text"/>
Cash on Hand	<input type="text"/>	Business/Other Loans Owed	<input type="text"/>
Cash in Bank	<input type="text" value="20,000"/>	Other Liabilities or Debts	<input type="text"/>
Value of Other Assets and Equipment	<input type="text" value="32,000"/>	Total Liabilities	<input type="text"/>
Total Assets	<input type="text" value="82,000"/>		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

Ambulatory

Rate per mile: \$1.75

Minimum miles 10

Minimum charge \$17.50

Wait rate per Hour \$12.00

No-Show Fee \$25.00

Wheelchair

Rate per mile: \$2.00

Minimum miles 10

Minimum charge \$20.00

Wait rate per Hour \$15.00

Load Fee \$25.00

No-Show Fee \$25.00

Stretcher

Rate per mile: \$3.00

Minimum miles 10

Minimum charge \$30.00

Wait rate per Hour \$20.00

Load Fee \$65.00

No-Show Fee \$30.00

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

☐ Abbeville☐ Cherokee☐ Florence☐ Lee☐ Saluda☐ Aiken☐ Chester☐ Georgetown☐ Lexington☐ Spartanburg☐ Allendale☐ Chesterfield☐ Greenville☐ Marion☐ Sumter☐ Anderson☐ Clarendon☐ Greenwood☐ Marlboro☐ Union☐ Bamberg☐ Colleton☐ Hampton☐ McCormick☐ Williamsburg☐ Barnwell☐ Darlington☐ Horry☐ Newberry☐ York☐ Beaufort☐ Dillon☐ Jasper☐ Oconee☐ Berkeley☐ Dorchester☐ Kershaw☐ Orangeburg☒ Statewide☐ Calhoun☐ Edgefield☐ Lancaster☐ Pickens☐ Charleston☐ Fairfield☐ Laurens☐ Richland

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL CHAIR LIFT

INSURANCE QUOTE

This form **MUST BE COMPLETED**.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE**

The following insurance quote is for:

Act Medical Transport Services LLC

Name of Applicant

P.O Box 1448 Travelers Rest S.C 29690

Address of Applicant

Amount of Premium:

Liability Insurance \$ 54,035.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	\$1,000,000
Medical Payments per Person	\$ 1,000	1,000

Correll Insurance Group

Name of Insurance Company

1066 Asheville Highway Spartanburg, SC 29304

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

ACT MEDICAL TRANSPORT SERVICES LLC

Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☐ No ☒ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver and Assistant Driver Qualifications

1. Applicant has read and understands Commission Regulation 103-133(8).
☒ Yes ☐ No
2. Applicant has on file a certified copy of the driver's and assistant driver's three (3) year driving records issued by the SC DMV and such records from the DMV of the state in which the driver or the assistant driver is or has been domiciled for such period.
☒ Yes ☐ No
3. Applicant has obtained and retained the criminal history background checks from the state where the driver and assistant driver live.
☒ Yes ☐ No
4. Applicant understands that all drivers and assistant drivers must have in their possession at the time of such operation valid drivers' licenses issued by the SC DMV or the current state of residence of the driver or assistant driver.
☒ Yes ☐ No
5. Applicant understands that all stretcher van certificate holders are prohibited from employing drivers and assistant drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.
☒ Yes ☐ No
6. Applicant understands that all stretcher van drivers and assistant drivers must possess a current Red Cross First Aid certification or an American Safety and Health Institute certification, or certification from a program that meets or exceeds the certification standards of the Red Cross First Aid or the American Safety and Health Institute, and Adult Cardiopulmonary Resuscitation (CPR) certification.
☒ Yes ☐ No
7. Applicant understands that the driver's and assistant driver's Red Cross First Aid certification must be renewed every three (3) years and the Adult CPR certification must be renewed annually.
☒ Yes ☐ No
8. Applicant understands that an individual must not be transported in a stretcher van if the individual has a written statement from a licensed physician prohibiting transportation in a stretcher van.
☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

OWNER

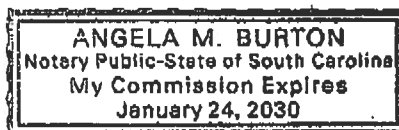
Title of Applicant (e.g. President, Owner, etc.)

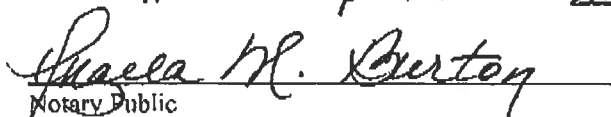
STATE OF SOUTH CAROLINA)

COUNTY OF Spartanburg)

SWORN TO BEFORE ME

This 21st day of September, 2020




Notary Public

Commission Expires

January 24, 2030

Print Application

The State of South Carolina



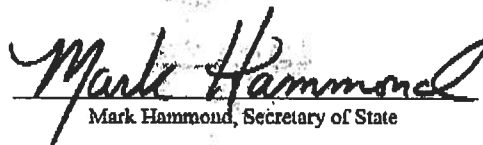
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

ACT MEDICAL TRANSPORT SERVICES LLC, a limited liability company duly organized under the laws of the State of South Carolina on October 14th, 2008, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 9th day
of September, 2020.


Mark Hammond, Secretary of State

SEP-21-2020 11:39 From:Samaritan Bed & Bath 8646891200

To:18038965246

Page:12/18

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Sep 09 2020

REFERENCE ID: 611497

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

081016-0085

Filed: 10/14/2008

ACT MEDICAL TRANSPORT SERVICES LLC

Filing Fee: \$110.00 ORIG

Mark Hammond

South Carolina Secretary of State

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION
FOR A
LIMITED LIABILITY COMPANY**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the 1976 South Carolina Code of Laws, as amended is ACT MEDICAL TRANSPORT SERVICES LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is

45 COX ST

Street Address

TRAVELERS REST SC

City

296901571

Zip Code

3. The initial agent for service of process of the Limited Liability Company is

TANGIE SAYLORS

Name

Electronically filed on 8CROS.

Signature not required.

Signature

and the street address in South Carolina for this initial agent for service of process is

45 COX ST

Street Address

TRAVELERS REST SC

City

296901571

Zip Code

4. The name and address of each organizer is

- a) TANGIE SAYLORS

Name

45 COX ST

Street

TRAVELERS REST

City

SC US

State

296901571

Zip Code

- b) JENNIFER HARMON

Name

SEP-21-2020 11:39 From: Samaritan Bed & Bath 8646891200

To: 18038965246

Page: 13/18

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

ACT MEDICAL TRANSPORT SERVICES LLC
Name of Corporation

Sep 09 2020 Street

REFERENCE ID: 8646891200

SC US

296901571

State

Zip Code

Mark Hammond
RECEIVED BY STATE OF SOUTH CAROLINA

J NIX

Name

407 CHESTNUT RIDGE RD

Street

MARLETTA

SC US

296619315

City

State

Zip Code

d) BERNARD ENDEBROCK

Name

1607 PINFOLD RD

Street

TAYLORS

SC US

296872238

City

State

Zip Code

5. ☐ Check this box if the company is to be a term company. If so, provide the term specified:
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:
7. ☒ Check this box if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.
- ALL MEMBERS ARE RESPONSIBLE FOR ALL DEBTS
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:
9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.
10. Signature of each organizer

Electronically filed on SCBOS.
Refer to attached signature page.

Date 2008-10-14

PROPOSAL 01 00

Rating Company: Continental Western Insurance Company

PREMIUM SUMMARY

Quote No.: CNA 4476716_Q - 40

Named Insured Name and Address
ACT Medical Transport Services, LLC
PO Box 1448
Travelers Rest, SC 29690

Agency Name and Address 00587
(864)583-5445
Correll Insurance Group
1066 Asheville Highway
Spartanburg, SC 29304

The Proposed Policy Period is from 07/15/2020 to 07/15/2021 at 12:01 A.M. Standard Time at your mailing address shown above.

COVERAGE INFORMATION

Coverages	Premium
Commercial Auto	\$ 54,035.00
Total Proposed Premium	\$ 54,035.00

This proposal does not convey any insurance and is not a binder of insurance. This proposal is an estimated premium indication for the stated coverages. It may be revised to reflect additional information provided to us and may be subject to adjustment due to audit. The proposal is intended to be accepted or rejected in its entirety, or you may work with your agent to request changes. Certain coverages, terms, conditions, perils or limits requested may not be included in this proposal. Premium indications are valid for 30 days from the date of the proposal. Insurance products are provided by one or more insurance company subsidiaries of W. R. Berkley Corporation.

PROPOSAL 01 00

BUSINESS AUTO QUOTE PROPOSAL

Quote No.: CNA 4476716_Q - 40

NAMED INSURED AND ADDRESS	AGENCY NAME AND ADDRESS	00587
ACT Medical Transport Services, LLC PO Box 1448 Travelers Rest, SC 29690	(864)583-5445 Correll Insurance Group 1066 Asheville Highway Spartanburg, SC 29304	

The Proposed Policy Period is from 07/15/2020 to 07/15/2021 at 12:01 A.M. Standard Time at your mailing address shown above.

Commercial Auto Coverages	Premium
Liability	\$ 42,911.00
Uninsured Motorists	\$ 190
Underinsured Motorists	\$ 850
Physical Damage Comprehensive Coverage	\$ 2,721
Physical Damage Collision Coverage	\$ 6,380
Additional Coverages	\$ 983
Total Quote Premium	\$ 54,035.00

PROPOSAL 01 00

PROPOSAL 01 00

Schedule of Coverages and Covered Autos

Coverages & Limits	Limits	Covered Autos	Premium
Liability	\$1,000,000	1	\$ 42,911.00
Personal Injury Protection (Or Equivalent No-Fault Coverage) See Schedule for Deductible	See Endorsement		\$
Added Personal Injury Protection (Or Equivalent Added No-Fault Coverage)	See Schedule		\$
Extraordinary Medical Benefits	See Schedule		\$
Auto Medical Payments	\$		\$
Medical Expense And Income Loss Benefits (Virginia Only)	See Schedule		\$
Uninsured Motorists	\$1,000,000	7	\$ 190
Underinsured Motorists (When not Included In Uninsured Motorists Coverage)	\$1,000,000	7	\$ 850
Supplementary Uninsured Motorists The maximum amount payable under SUM Coverage shall be the policy's SUM limits reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident as specified in the SUM endorsement.			\$
Physical Damage Comprehensive Coverage Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ See Schedule Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning. See Item Four For Hired Or Borrowed Autos.	See Schedule	7	\$ 2,721
Physical Damage Specified Causes Of Loss Coverage Actual Cash Value Or Cost Of Repair, Whichever Is Less. For Loss Caused By Mischief Or Vandalism. See Hired Or Borrowed Autos for Additional Information	See Schedule		\$
Physical Damage Collision Coverage Actual Cash Value Or Cost Of Repair, Whichever Is Less. See Hired Or Borrowed Autos Section for Additional Information	See Schedule	7	\$ 6,380
Physical Damage Towing and Labor See Schedule For Each Disablement of a Private Passenger Auto.	See Schedule		\$
Premium For Additional Coverages			\$ 983
Estimated Total Premium*			\$ 54,035.00

*This Policy May Be Subject to Final Audit.

PROPOSAL 01 00

Schedule of Covered Autos You Own

Veh No.	DESCRIPTION			Original Cost New	Stated Amount
	Year	Model	VIN Number		
1	2013	Dodge Grand Caravan Sxt	2C4RDGCG3DR686821	\$ 28,000	\$
2	2014	Dodge Grand Caravan Se	2C4RDGBG2ER146685	\$ 28,000	\$
3	2014	Dodge Grand Caravan Sxt	2C4RDGCG3ER151246	\$ 28,000	\$
4	2015	Dodge Grand Caravan Se	2C4RDGBG8FR575623	\$ 28,000	\$
5	2006	Dodge Grand Caravan Sxt	2D4GP44L26R747526	\$ 28,000	\$

Veh No.	CLASSIFICATION				TERRITORY (Principal Garage Location)			
	Code	Radius (Miles)	Use	Size (GVW)				
1	4338			0-8	Travelers Resl	SC	Terr	173
2	4338			0-8	Travelers Rest	SC	Terr	173
3	4338			0-8	Travelers Rest	SC	Terr	173
4	4338			0-8	Travelers Rest	SC	Terr	173
5	4338			0-8	Travelers Rest	SC	Terr	173

Coverages									
Veh No.	CSL Limit*	Personal Injury Protection		Extra Med Limit*	Med Pay Limit	Medical Expense & Income Loss	Uninsured (UM) Limit*	Underinsured (UIM) Limit*	SUM Limit*
		Ded	Addl						
1	1,000						1,000	1,000	
2	1,000						1,000	1,000	
3	1,000						1,000	1,000	
4	1,000						1,000	1,000	
5	1,000						1,000	1,000	

*Limits Shown Are In Thousands

PREMIUMS									
Veh No.	CSL	Basic PIP	Addl PIP	Extra Med	Med Pay	Med Exp & Income	UM	UIM	SUM
1	\$ 4,267.00	\$	\$	\$	\$	\$	\$ 19	\$ 85	\$
2	\$ 4,267.00	\$	\$	\$	\$	\$	\$ 19	\$ 85	\$
3	\$ 4,267.00	\$	\$	\$	\$	\$	\$ 19	\$ 85	\$
4	\$ 4,267.00	\$	\$	\$	\$	\$	\$ 19	\$ 85	\$
5	\$ 4,267.00	\$	\$	\$	\$	\$	\$ 19	\$ 85	\$

Veh No.	PHYSICAL DAMAGE COVERAGE				PHYSICAL DAMAGE PREMIUMS				Total Premium
	Deductibles			Towing & Labor Limit	Comp	Specifled Causes of Loss	Coll	Towing & Labor	
	Comp	Specified Causes of Loss	Coll						
1	2,000		2,000		\$ 281	\$	\$ 614	\$	\$ 5,266.00
2	2,000		2,000		\$ 300	\$	\$ 709	\$	\$ 5,380.00
3	2,000		2,000		\$ 300	\$	\$ 709	\$	\$ 5,380.00
4	2,000		2,000		\$ 300	\$	\$ 756	\$	\$ 5,427.00
5	2,000		2,000		\$ 188	\$	\$ 378	\$	\$ 4,937.00

PROPOSAL 01 00

Schedule of Covered Autos You Own (Continued)

Veh No.	DESCRIPTION			Original Cost New	Stated Amount
	Year	Model	VIN Number		
6	2005	Dodge Grand Caravan Se	1D4GP24R25B389317	\$ 28,000	\$
7	2001	Dodge Grand Caravan Sport	2B8GP44371R225153	\$ 28,000	\$
8	2015	Dodge Grand Caravan Se	2C4RDGBG0FR616018	\$ 28,000	\$
9	2016	Dodge Grand Caravan Se	2C4RDGBG3GR227908	\$ 28,000	\$
10	2016	Dodge Grand Caravan Se	2C4RDGBG4GR170456	\$ 28,000	\$

Veh No.	CLASSIFICATION				TERRITORY (Principal Garage Location)			
	Code	Radius (Miles)	Use	Size (GVW)				
6	4338			0-8	Travelers Rest	SC	Terr	173
7	4338			0-8	Travelers Rest	SC	Terr	173
8	4338			0-8	Travelers Rest	SC	Terr	173
9	4338			0-8	Travelers Rest	SC	Terr	173
10	4338			0-8	Travelers Rest	SC	Terr	173

Coverages									
Veh No.	CSL Limit*	Personal Injury Protection		Extra Med Limit*	Med Pay Limit	Medical Expense & Income Loss	Uninsured (UM) Limit*	Underinsured (UIM) Limit*	SUM Limit*
		Ded	Addl						
6	1,000						1,000	1,000	
7	1,000						1,000	1,000	
8	1,000						1,000	1,000	
9	1,000						1,000	1,000	
10	1,000						1,000	1,000	

*Limits Shown Are In Thousands

Veh No.	PREMIUMS								
	CSL	Basic PIP	Addl PIP	Extra Med	Med Pay	Med Exp & Income	UM	UIM	SUM
6	\$ 4,267.00	\$	\$	\$	\$	\$	\$ 19	\$ 85	\$
7	\$ 4,267.00	\$	\$	\$	\$	\$	\$ 19	\$ 85	\$
8	\$ 4,267.00	\$	\$	\$	\$	\$	\$ 19	\$ 85	\$
9	\$ 4,267.00	\$	\$	\$	\$	\$	\$ 19	\$ 85	\$
10	\$ 4,267.00	\$	\$	\$	\$	\$	\$ 19	\$ 85	\$

Veh No.	PHYSICAL DAMAGE COVERAGE				PHYSICAL DAMAGE PREMIUMS				Total Premium
	Deductibles			Towing & Labor Limit	Specified Causes of Loss	Coll	Towing & Labor		
	Comp	Specified Causes of Loss	Coll						
6	2,000		2,000		\$ 188	\$	\$ 378	\$	\$ 4,937.00
7	2,000		2,000		\$ 188	\$	\$ 378	\$	\$ 4,937.00
8	2,000		2,000		\$ 300	\$	\$ 758	\$	\$ 5,427.00
9	2,000		2,000		\$ 338	\$	\$ 851	\$	\$ 5,560.00
10	2,000		2,000		\$ 338	\$	\$ 851	\$	\$ 5,560.00

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FAX COVER SHEET

To: Public Service Commission of SC - TRANSPORTATION DEPT

From: Lydell Gray, Act Medical Transport Services, LLC

Fax: 803-896-5199- 5246

Pages (to follow): 16

Please see following application of Class C Stretcher Van for Act Medical Transport Services, LLC. Please advise if any additional documentation is required.